Jah.	- Best Ave	oilable C	;OF	<u> </u>				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number								
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL E	MIITY		OTHE	R THAN	
TOTAL CLAIMS	50	2000		TYPE (OR 7		ENTITY
FOR	NUMBER FILED	NUMBER EXTRA		RATE BASIC FE	FEE 355.00		BASIC FE	FEE 710.00
TOTAL CHARGEABLE CLAIMS	S minus 20=	- 35	1	X\$ 9=		1	350.00	
INDEPENDENT CLAIMS	⅓ minus 3 =	• 6	1		-	OR		(/30
MULTIPLE DEPENDENT CLAIM PRESENT		1	X40=	<u> </u>	OR	X80=	400	
* If the difference in column 1 is less than zero, enter "0" in column 2		J	+135=		OR	+270=		
			TOTAL		OR	TOTAL	1740	
P P P CLAIMS AS A (Column 1)	MENDED - PAR' (Colum		3)	SMALL	ENTITY	OR	OTHER	THAN
CLAIMS REMAINING AFTER AMENDMENT	HIGH NUME PREVIO PAID	BER PRESENT BUSLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AFTER AMENDMENT Total • 55 Independent • \$	Minus	55] [X\$ 9=		ÓR.	X\$18=	7.25
3 	Minus	8	1	X40=		OR	XBQ=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			┙╽	+135=		OR	+270=	
7/u/o5		L	TOTAL			TOTAL		
(Column 1)	(Colum	nn 2) (Column 3		ODIT. FEE		OR,	ADDIT. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total Independent LI	HIGHE NUME PREVIO PAID F	IST UER PRESENT USLY EXTRA	֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֡֓֓֡֓֡	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • 32	Minus •• 5	5 = -		X\$ 9=		OR	X\$18=	
FIRST PRESENTATION OF MUI	Minus	8 = <u>_</u>] [X40=	$\neg \forall$	68	X80=	
			」 「	+135=		OR	+270€	
			 A	TOTAL		OR ,	TOTAL	
(Column 1)	(Colum	n 2) (Column 3		JUN 1. 7 C.C W		_	WUII. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total • Independent • I	HIGHE NUMBI PREVIOU PAID P	ER PRESENT ISLY EXTRA	1г	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL
Total •	Minus	=	11	X\$ 9=		<u>.</u> ,	X\$18=	FEE
Independent •	Minus •••	=	1 ⊦			OR		
FIRST PRESENTATION OF MUL	TIPLE DEPENDENT	CLAIM	1 -	X40=	(OR L	X80=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				135=		OR	+270=	
"If the Tilghest Number Proviously Paid "If the Tilghest Number Previously Paid The Tilghest Number Previously Paid I	l For in this space is i	ess than 20, enter "20	~	TOTAL DIT. FEE		DR A	TOTAL DOIT. FEE mn 1.	

FORM PTO-475 (Rev. 8700)

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*U.S. GPO: 2000-460-706/50103